PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

					11) 273-2885		
appropriate. All further c	orrespondence including ted below or directed oth	the Patent, adv	ance orders a	ind notificati	on of maintena	nce fees will be mailed to th	agh 5 should be completed where ne current correspondence address ating a separate "FEE ADDRESS"
CURRINT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) CONNOLLY BOVE LODGE & HUTZ LLP 1875 Lye Succt. NW Suite 1100 Washington, DC 20006					Note: A certificate of mailing can only be used for domestic mailings of the Feed) Transmittal. This certificate counted be used for my other accompanying papers. Each additional paper, such as an assignment or formal drawing, must well sow on certificate of mailing or transmission. Certificate of Mailing or Transmission. I hereby certify that fise (4) Transmission is that the contraction of the contraction		
					(Signature)		
							(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVEN		OR	ATTORNEY DOCKET N	
10/521,317	09/08/2005	Alexander Gorl		der Gorban		22193-00009-US1	1461
TITLE OF INVENTION	N: ROTARY SCRE SCREW MACH		OF VOLUM	IE TYPE AN	D METHOD C	OF TRANSFORMING A MO	OTION IN A VOLUME
APPLN. TYPE	SMALL ENTITY	ISSUE	ISSUE FEE		ATION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	yes	\$755.00		\$3	00.00	\$1,055.00	05/26/2009
EXAM	EXAMINER A		UNIT CLASS		SUBCLASS]	
Davis, M	3748						
1. Change of correspondence address or indication of "Fee Address" (3C FER 1.63). Change of correspondence Address (or Change of Correspondence Address) (or Change of Correspondence Address) (or Change of Correspondence Address) (or Fee Address) Indication (or "Fee Address" Indica							
Elthom Enterprises Limited Nicosia, Cyprus							
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
X Issue Fee							
Advance Order # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 22-0185							
	atus (from status indicate ms SMALL ENTITY sta		R 1.27.	b. Applic	ant is no longer	r claiming SMALL ENTITY	status. See 37 CFR 1.27(g)(2).
	Publication Fee (if require	d) will not be a	ccepted from :			viously paid issue fee to the ap nt; a registered attorney or age	oplication identified above. ent; or the assignee or other party in
Authorized Signatur	eith Wyche/			Date			
Typed or printed name Myr			eith Wyche			Registration No.	47,341